

Program Office is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that each Medicaid recipient's need for continued placement in a swing bed facility, beyond the initial 60 day period, is evaluated. Upon request by the facility for authorization of extended Medicaid reimbursement, when appropriate, authorize swing bed extensions.

G. Review all decisions rendered by institutional care facilities (nursing facilities and mental hospitals) and district staff that deny continued placement of any Medicaid recipient who is (age 21 and older) and render a final determination regarding continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for recipient notification.

H. Perform continued placement reviews of all nursing facility and mental hospital recipients referred by AHCA or other HRS staff, and of all recipients approved for short-term placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to the local eligibility and payments staff for recipient notification.

I. Ensure appropriate departmental representation at

any administrative or legal proceeding regarding any decision that is rendered by Aging and Adult Services staff which denies an applicant's or recipient's admission or continued placement or renders the facility unable to provide the level of services required by the individual in a nursing facility, swing bed or mental hospital.

J. Ensure that documentation which reflects each admission and continued stay review performed, and each MI or MR-DD screening performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternative placement determination when applicable.

IV. HRS Developmental Services Program Office

The State HRS Developmental Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.

B. Establish, distribute and maintain written screening and referral policies, procedures and forms.

C. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MR-DD screening.

D. Monitor the accuracy and timeliness of pre-admission and continued placement reviews performed by the district pre-admission teams.

The District HRS Developmental Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's need for Intermediate Care Facility for the Developmentally Disabled (ICF/MR-DD) services is evaluated and a level of care or alternate placement determination rendered and ensure that continued stay reviews are performed in accordance with 42 CFR 456.431 through 42 CFR 456.436.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Review all decisions rendered by ICFs/MR-DD that deny continued placement of any Medicaid recipient and render a final determination regarding the need for continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the recipient.

D. Perform continued placement reviews of all MR-DD nursing facility recipients referred by AHCA or HRS staff, and of all MR-DD recipients approved for short-term nursing facility placement, and render a final determination regarding continued placement within the nursing facility.

E. Ensure that each nursing facility applicant or recipient requiring a MR-DD evaluation is evaluated prior to admission (under the Medicaid institutional care program) and no less than annually thereafter and a determination rendered with regard to whether or not specialized services

for MR-DD are required.

F. Ensure the establishment of adequate teams to assure timely completion of admission, continued stay and annual reviews of ICF/MR-DD applicants and recipients, and MR-DD screenings for nursing facility applicants and recipients.

G. Provide or contract for such psychiatric, medical and related staff as required to enable the admission and continued stay review teams to carry out the specific responsibilities detailed in this agreement.

H. Develop, distribute and maintain UC plans for each ICF/MR-DD and ensure the UC plans meet federal and state requirements.

I. Ensure departmental representation at any administrative or legal proceeding regarding any decision that is rendered by district Developmental Services staff which denies an applicant's or recipient's admission or continued placement, or renders the facility unable to provide the level of services required by the individual, in an ICF/MR-DD or nursing facility.

J. Ensure that documentation which reflects each ICF/MR-DD admission and continued stay review performed, and each MR-DD screening and annual review performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an

alternate placement determination when applicable.

K. Prepare and provide report data as needed concerning the admission review and MR-DD screening.

V. The HRS Children's Medical Services Program Office

The State HRS Children's Medical Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up and continued placement determination policies, procedures, and forms;

B. Establish, distribute and maintain written policies, procedures and forms for first level screening by Multiple Handicap Assessment Teams (MHAT) of MI and MR-DD and referrals for further assessment.

C. Prepare and provide report data as needed concerning the admission review and MI and MR-DD screening;

D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening; and

E. Monitor the accuracy and timeliness of pre-admission and continued placement reviews performed by district MHATs.

The District HRS Children's Medical Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age birth through 20) need for nursing facility services is evaluated by the MHAT and a level of care established or an alternate placement determination

rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age birth through 20) who appear to have MI or MR-DD are identified.

D. Ensure that each Medicaid nursing facility applicant (age birth through 20) identified by the MHAT, or private pay applicant (age birth through 20) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by the MHAT for an evaluation and a determination made regarding the need for specialized services. The MI or MR-DD evaluation must be available and considered prior to a final determination of placement of service.

E. Ensure that local Developmental Services offices are advised of all (age birth through 20) Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations and ensure that the Alcohol, Drug Abuse, and Mental Health Program Office is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that local MHATs review all decisions rendered by Medicaid nursing facilities that deny continued placement of any Medicaid recipient (age birth through 20), and render a final determination through the staffing process regarding the need for continued placement. When

there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for notification to the recipient and the recipient's responsible party.

G. Ensure that local MHATs in cooperation with Developmental Services or Alcohol, Drug Abuse and Mental Health when applicable perform continued placement reviews of all nursing facility residents (age birth through 20) referred by AHCA or HRS staff, and of all recipients (age birth through 20) approved for short-term nursing facility placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to local eligibility and payments staff for recipient notification.

H. Ensure appropriate departmental representation at any administrative or legal proceeding regarding any decision that is rendered by a MHAT which denies an applicant's or recipient's (age birth through 20) admission or continued placement in a nursing facility or renders the facility unable to provide the level of services required by the individual.

I. Ensure that documentation which reflects each admission review and continued stay review performed, and each MI or MR-DD screening and annual review performed for nursing facility applicants and recipients (age birth

through 20) is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternate placement determination when applicable.

VI. HRS Alcohol, Drug Abuse and Mental Health Program Office

The State HRS Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure the development of a uniform MI nursing facility pre-admission and annual screening/assessment tool and criteria for statewide use.

B. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI screenings.

C. Monitor the accuracy and timeliness in making determinations for specialized services in accordance with the provisions of this agreement.

The District HRS Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure that a final determination is rendered regarding each referred nursing facility applicant's or recipient's need for specialized services for MI.

B. Ensure the provision of specialized services to all nursing facility residents who are determined to require such services and who are allowed to enter or remain in the nursing facility.

C. Ensure that documentation is maintained and available to authorized federal and state reviewers which

substantiates the final determination regarding whether or not specialized MI services are required for nursing facility residents and applicants.

D. Ensure departmental representation at any administrative or legal proceeding regarding any admission or continued decision that is rendered by Alcohol, Drug Abuse and Mental Health staff which denies an applicant's or recipient's admission or continued placement, or renders the nursing facility unable to provide the level of services required by the individual.

E. Prepare and provide periodic report data as needed concerning MI final determinations for specialized services.

VII. The Agency for Health Care Administration, Division of Health Quality Assurance will:

A. Ensure that an Inspection of Care (IOC) review is conducted in each Medicaid participating ICF/MR-DD and mental hospital in which there is one or more residents approved for the Medicaid institutional care program (ICP).

B. Ensure that all IOC reviews are conducted in accordance with federal law and regulations.

C. Ensure the IOC teams prepare and distribute IOC reports which reflect the IOC team's findings on recipient services as well as specific findings and recommendations with respect to individual need for continued placement. The cover sheet of the IOC reports shall also contain at least the following:

- Facility name, address and provider number;

- Number of Medicaid recipients, by level of care, under facility care at the time of the IOC;
- Number of beds allocated or certified for care of Medicaid recipients;
- Date(s) the IOC was performed. If review lasted more than one day, the beginning and ending dates;
- Date on which the IOC report was prepared; and
- Signatures and credentials of team members.

D. Ensure that IOC teams obtain and maintain individual recipient profiles or assessment findings for each Medicaid applicant or recipient observed and medically reviewed during the IOC and to provide such documentation or evidence when requested by federal and/or state validators.

E. Respond, as necessary, to HHS regarding inquiries relating to inspection of care.

F. Ensure that each IOC team is appropriately composed.

G. Ensure that each MI and MR-DD nursing facility resident is reviewed during the annual facility survey and an assessment made regarding his MI or MR-DD status and his need for an MI/MR-DD evaluation.

H. Refer to district HRS CARES staff or MHAT staff, as age appropriate, each MI or MR-DD nursing facility resident who is identified through a Mini-Gates assessment as needing an evaluation of the MI or MR-DD status and a determination of the need for specialized services or alternative placement.